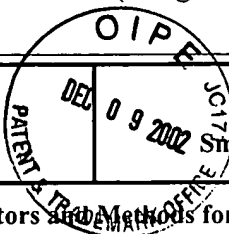
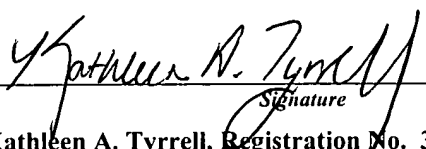
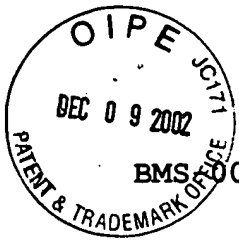


12-10-09

1631

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. LD0250 (NP) BMS-0015	
Applicant(s): Salvati et al.					
Serial No. 09/885,827	Filing Date June 20, 2001		Examiner Smith, Carolyn L.	Group Art Unit 1631	
Invention: Selective Androgen Receptor Modulators and Methods for Their Identification, Design and Use					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>				DEC 12 2002	
Transmitted herewith is an amendment in the above-identified application.				TECH CENTER 1600/2900	
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27 -	27 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	9 -	9 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature Kathleen A. Tyrrell, Registration No. 38,350			Dated: December 9, 2002		
<b>LICATA &amp; TYRRELL P.C.</b> 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					



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- 1) Amendment Transmittal Letter (in duplicate);
- 2) Response to Restriction Requirement;
- 3) Return Postcard.

  
Kathleen A. Tyrrell



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: LD0250 (NP)  
Inventors: Salvati et al.  
Serial No.: 09/885,827  
Filing Date: June 20, 2001  
Examiner: Smith, Carolyn L.  
Group Art Unit: 1631  
Title: Selective Androgen Receptor Modulators  
and Methods for Their Identification,  
Design and Use

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Arlington, VA 22202

By Kathleen A. Tyrrell  
Typed Name: Kathleen A. Tyrrell

U.S. Patent and Trademark Office  
Box Non-fee Amendment, P.O. Box 2327  
Arlington, VA 22202

Dear Sir:

Reply to Restriction Requirement

This is a reply to the Restriction Requirement mailed  
November 12, 2002 setting a one (1) month statutory period for  
response. Please enter the following remarks into the record.

**REMARKS**

Claims 1-24 are pending in the instant application. Claims